



Supplier Diversity Vendor Profile

Please check all classifications that apply

| | | | |
|--|---|---------------------|--|
| Fax or mail completed form and all supporting documentation to: Metropolitan District Commission 555 Main Street, P.O. Box 800, Hartford, CT 06142-0800 Attn: Michael Jefferson, Supplier Diversity Manager Tel: 860-278-7850 Ext.3411 Fax: 860-525-5013 or E-Mail: mjefferson@themdc.com | | | MDC use Only. Approved By: _____ Date: _____ |
| Vendor Name | | Contact Name | |
| Address | | Phone | |
| | | Fax | |
| City | State | Zip Code | |
| E-mail (Required Field) | | | |
| Geographic Service Area: (please indicate state) | | | |
| Nature of Business (please describe): | | | |
| NAICS code: | | | |
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Small Business <small>In determining whether your company meets the qualifications of a small business, the following guidelines as defined in Section 13 CFR PART 121 of the Small Business Act, are to be applied.</small> | | |
| Is Your Firm a: | | | |
| <input type="checkbox"/> Contractor <input type="checkbox"/> Professional Services | | | |
| <input type="checkbox"/> Material Supplier <input type="checkbox"/> General Contractor | | | |
| <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Trade Subcontractor | | | |
| Has your firm performed public work in CT? | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Is your firm "Prequalified" by the Connecticut Department of Administrative Services (DAS)? | | | |
| (Required for all contractors bidding on contracts in excess of \$500K) | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is your firm certified by DAS as a Minority Business Enterprise (MBE) or Women-owned Business Enterprise (WBE) ? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Is your firm certified by CT DOT as a **Disadvantaged Business Enterprise (DBE)**?

Yes No

Please identify your firm's current certification:

Yes No **Small Business Enterprise**

Yes No **Minority Business Enterprise**

Yes No **HUB-zone**

Yes No **Women Business Enterprise**

Yes No **Disadvantaged Business Enterprise**

Yes No **Veteran Owned Business Enterprise**

Yes No **Service Disabled Veteran Owned Business Enterprise**

If you answered YES to any of the above, please list agency and provide the expiration date for each of the certifications.

COPY OF CERTIFICATIONS MUST BE ATTACHED

| Agency Name | MBE | WBE | DBE | Expiration Date |
|-------------|-------|-------|-------|-----------------|
| 1) _____ | _____ | _____ | _____ | ____/____/____ |
| 2) _____ | _____ | _____ | _____ | ____/____/____ |
| 3) _____ | _____ | _____ | _____ | ____/____/____ |
| 4) _____ | _____ | _____ | _____ | ____/____/____ |

Bonding:

Does your company currently possess the following:

Bid Bond

Payment & Performance Bond Single Project Limit: _____

None of the Above Aggregate: _____

Liability Insurance

Automobile Insurance

Agent Name: _____

Location: _____

Contact Info: _____

Union Affiliation? Yes No

Experience with Prevailing Wage Requirements? Yes No

Contract History:

Client Name: _____ Scope of Work: _____ Contract Value: \$ _____

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Indicate the gross annual receipts covering the firm's last three fiscal years:

Fiscal Year Ending _____ Amount _____

Fiscal Year Ending _____ Amount _____

Fiscal Year Ending _____ Amount _____

Current number of full-time employees: _____

Number of Minority Employees: _____

% of Minority Employees: _____

Typical Contract: Scope of work: _____

Contract Value: \$ _____

Client: _____

Location: _____

Largest Contract: Scope of work: _____

Contract Value: \$ _____

Client: _____

Location: _____

Certification and Acknowledgement

I certify and acknowledge that the answers provided herein are true, accurate and complete to the best of my knowledge and belief. Further, I fully understand that false or misleading information may result in penalty.

Signature of Contractor Official: _____ Title _____

Print Name _____ Date _____

MDC Use Only:

Reviewed By: _____ Title: _____ Date: _____

Certifications Attached? YES__ NO__

DAS Prequalification Limits Reviewed? YES__ NO__

DOT DBE Certified? Yes__ NO__

Workforce EEO-1 Form (25%) minority staff? Yes__ NO__

Referred to Resource and Opportunity Center Yes__ NO__

If YES, which services?

Notes:
